



Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Mike Beebe

Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

September 3, 2009

H1N1 Vaccine Provider Pre-Registration Sign-Up (as promised) Go to:

<https://health.arkansas.gov/ADHInternetApps/> Put in the Generic User Email address: users@h1n1providers.com ; use Password (case sensitive): H1N1Vaccine

*Everyone must use this email address and password to access the form-Please do not attempt to personalize.

Click on the left side of the page “H1N1 Provider Info Form” and that will take you to the preregistration pages to complete. Click *save* at the bottom when complete. If a required field is missing, the page will take you back to the required field.

Interim Guidance on Recommendations for Testing, Treatment, and Prophylaxis of Patients with Novel Influenza A (H1N1) Virus Infection and Their Close Contacts

Influenza-like-illness (ILI) is defined as an illness associated with fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza.

High Risk Groups - is defined as the same for seasonal influenza

1. Children younger than 5 years old. The risk for severe complications from seasonal influenza is highest among children younger than 2 years old.
2. Persons with the following conditions: Chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus);
3. Immunosuppression, including that caused by medications or by HIV;
4. Pregnant women;
5. Persons younger than 19 years of age who are receiving long-term aspirin therapy;
6. Residents of nursing homes and other chronic-care facilities
7. Adults ≥ 65 yrs (not necessarily so)

Clinical judgment is an important factor in treatment decisions. **Persons with suspected novel H1N1 influenza who present with an uncomplicated febrile illness typically do not require treatment** unless they are at higher risk for influenza complications. Many physicians throughout the state are treating everyone they see as well as prophylaxing other family members. This is going to lead to resistance very quickly and we won't have anything to use should the disease become worse. Please try to follow the CDC guidelines (mentioned below) (Even when the mother is screaming for drugs) At this time **treatment is recommended** for patients with confirmed, probable or suspected novel influenza A (H1N1) infection who are:

1. Hospitalized
2. At higher risk for influenza-related complications (see above).
3. Under 2 years of age

The decision to treat children between the ages of 2 and 5 years should be made on an individual basis. Clinical judgment should be used to guide treatment decisions in other patients. Treatment with oseltamivir or zanamivir should be given twice daily for 5 days.

Post-Exposure Chemoprophylaxis Recommendations for Novel Influenza A (H1N1) Virus

Post-exposure chemoprophylaxis with oseltamivir or zanamivir may be considered for:

- Close contacts of cases (confirmed, probable or suspected) of novel influenza A (H1N1) virus infection that are at increased risk of influenza-related complications.

The exposure must have occurred during the infectious period of the case (defined as one day before until 7 days after onset of illness). Post-exposure chemoprophylaxis with oseltamivir or zanamivir should be given once daily for 10 days after the last known exposure to novel (H1N1) influenza.

Children Under 1 Year of Age

Children under one year of age are at high risk for complications from seasonal human influenza virus infection. The characteristics of human infection novel (H1N1) influenza virus are still being studied, and it is not known whether infants are at higher risk for complications associated with novel (H1N1) influenza virus infection compared to older children and adults. Oseltamivir is not licensed for use in children less than 1 year of age. However, limited safety data on oseltamivir treatment for seasonal influenza in children less than one year of age suggest that severe adverse events are rare.

Because infants experience high rates of morbidity and mortality from influenza, infants with novel (H1N1) influenza virus infections may benefit from treatment using oseltamivir.

Healthcare providers should be aware of the lack of data on safety and dosing when considering oseltamivir use in a seriously ill young infant with confirmed novel (H1N1) influenza virus infection or who has been exposed to a confirmed novel (H1N1) influenza case, and carefully monitor infants for adverse events when oseltamivir is used. Additional information on oseltamivir for this age group can be found at: [Swine Flu: Emergency Use Authorization \(EUA\) of Medical Products and Devices](#).

Pregnant Women

Pregnant women are known to be at higher risk for complications from infection with seasonal influenza viruses, and severe disease among pregnant women was reported during past pandemics. Cases of confirmed novel (H1N1) influenza virus infection in pregnant women resulting in severe disease have been reported, and a pregnant woman died in 1988 after being infected with another type of swine influenza virus. Oseltamivir and zanamivir are "Pregnancy Category C" medications, indicating that no clinical studies have been conducted to assess the safety of these medications for pregnant women. Although a few adverse effects have been reported in pregnant women who took these medications, no relation between the use of these medications and those adverse events has been established. Pregnancy should not be considered a contraindication to oseltamivir or zanamivir use. Because of its systemic activity, oseltamivir is preferred for treatment of pregnant women. The drug of choice for chemoprophylaxis is less clear. Zanamivir may be preferable because of its limited systemic absorption; however, respiratory complications that may be associated with zanamivir because of its inhaled route of administration need to be considered, especially in women at risk for respiratory problems.

Influenza Testing: If the patient has influenza like symptoms, it is H1N1 until proven otherwise. Decisions have to be made on treatment long before test results are available. Currently, we are only recommending testing on: pregnant women, hospitalized patients, and health care workers.

The Arkansas Dept of Health will be upgrading the software used for the Health Alert Network (HAN). Use of this new system will begin on October 1, 2009. To ensure you continue to receive Dr. Snow's weekly letter and other important health information you must logon to <https://health.arkansas.gov/codespearreg>, click on "new user information" and fill in the blanks. You are required to have an email address. This email address becomes your logon ID. Please click on the web address and sign up. We will not be sending faxes after October 1.

Thank you for your assistance in helping us increase our capacity to keep you informed of important public health information in Arkansas.

If e-mail is not available, please notify Ms. Deborah Biddle at Deborah.biddle@arkansas.gov.

If you have any questions, please feel free to contact Dr. Sandy Snow at 501-661-2169 or fax to 501-661-2300 or e-mail to Sandra.snow@arkansas.gov.